

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SEP. NO. 07830383		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.	DEP.
1	1		1				51				
2		1		1			52				
3		1		1			53				
4		2		1			54				
5		1		1			55				
6	1		1				56				
7		1		1			57				
8		1		1			58				
9		2		1			59				
10		0		1			60				
11		0		1			61				
12		0		1			62				
13		0		1			63				
14		0		1			64				
15		0		1			65				
16		0		1			66				
17	1		1				67				
18		1		1			68				
19		2		1			69				
20	1		1				70				
21		1		1			71				
22		2		1			72				
23	1		1				73				
24		1		1			74				
25				1			75				
26				1			76				
27				1			77				
28				1			78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5		5				TOTAL IND.				
TOTAL DEP.	23		20				TOTAL DEP.				
TOTAL CLAIMS	28		25				TOTAL CLAIMS				